

**Mt. Sophia Academy Concert Choir
2021-2022 Registration
Cost: \$60/semester with a \$20/semester refundable music deposit**

Student's Name: _____ Grade: _____

Parent's Names: _____

Address: _____

Phone Numbers: Home _____ Parent Cell _____

Parent email _____ Student email _____

I hereby give permission for (name) _____ to attend the Mt. Sophia Concert Choir for the school year 2021-2022. I assume full responsibility for him/her while in attendance. By doing so, I release Mt. Sophia Academy, Mt. Sophia Concert Choir, the Chorale Director, Accompanist, and Manager, and Evangelical Presbyterian Church from any liability for injuries incurred by my son/daughter. I understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the leaders of the Choir to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

Signed: _____ Date: _____

Emergency Name and Phone Number: _____
(In the event a parent cannot be reached)

Child's Birth Date: _____

Insurance Company: _____ Policy Number: _____

Please list any medical conditions, allergies, medications being taken, or other pertinent information (attach additional sheet if more space is needed):

OFFICE USE ONLY:

Fall

Registration			
Cash/Check #		Date	Amount:
Music Deposit			
Cash/Check #		Date	Amount:

Special Payment Arrangements (if applicable):

Spring

Registration			
Cash/Check #		Date	Amount:
Music Deposit			
Cash/Check #		Date	Amount:

Special Payment Arrangements (if applicable):